

SOUTH CAROLINA INFLUENZA (FLU) PLAN

The risks for complications, hospitalizations, and deaths from influenza are higher among persons 65 and older, young children, and persons of any age with certain underlying health conditions. In addition, flu shots for all pregnant women, adults 50 or older and everyone living with children under the age of 2 can also help close the health gap between minorities and whites, according to the U.S. Public Health Service.

Influenza epidemics cause an average of 36,000 deaths and over 200,000 excess hospitalizations annually in the United States, and pandemic influenza poses a threat of much higher mortality. Influenza impacts all age groups - infection rates are highest in children, serious illness and mortality are highest in the elderly and chronically ill.

In the United States, the primary option for reducing the effect of influenza is taking the flu vaccine, either as the shot or the nasal spray. The prevention and control of influenza depends on effective laboratory-based surveillance and reporting, vaccination of the targeted population groups, and the use of antiviral medications as adjuncts to vaccine.

DHEC programs maintain a seasonal influenza vaccination campaign and several surveillance systems for influenza-like illnesses and for influenza viral isolations. Adequate surveillance for influenza is essential for the following reasons: 1) to monitor influenza morbidity, 2) to plan for the use of vaccine and antiviral agents, 3) to monitor the predominant circulating strains and to determine if they are well matched to the current year's influenza vaccine, and 4) to look for the emergence of novel viral strains.

Those who neglect or refuse to get flu shots include a disproportionate number of minorities, said Dr. Jose Cordero, as assistant surgeon general at the Centers for Disease Control and Prevention (CDC) in Atlanta. Most people who die from influenza are 65 or older. But in that age group, only 71 percent of whites and 64 percent of African Americans and Hispanic Americans got flu shots in South Carolina during 2002.

Minorities, especially those who aren't fluent in English, are less likely to know or be informed by a physician that they need a flu shot every year. Raising flu vaccination rates among minorities will require shattering some myths. It is important to counter the biggest myth of all, that the vaccine causes flu. Modern vaccine causes almost no unpleasant side effects beyond a slight sore spot on the arm for an hour (if you elect to take the shot form of the vaccine). A nasal spray influenza vaccine is also available for healthy persons between the ages of 5 through 49 years.

Much experience shows that health care workers can spread the highly contagious influenza virus to patients in their care. This is particularly troubling for the many patients at high risk for influenza-related complications, hospitalizations, and death since only about 36 percent of health care workers are actually immunized against influenza each year. "It's just good common sense for all health care workers to get vaccinated to protect themselves and to keep from giving potentially fatal flu to their high-risk patients", says Dr. Jerry Gibson, Director of DHEC's Bureau of Disease Control.

"It's vital to not miss the chance to get high-risk persons vaccinated easily without any extra office visits, by being sure that every physician's office or clinic includes an offer of vaccine to protect against influenza, pneumonia, and tetanus", says Gibson. "Moreover, every nursing home resident and hospital inpatient should be offered protective vaccines while in the care of these institutions. There is no excuse for missing these opportunities", says Gibson.

In the next flu season, which opens in October, there will be plenty of vaccine on hand according to the CDC. On September 23, 2004, CDC announced that the total influenza vaccine production from all

manufacturers for the 2004-05 U.S. market influenza season is estimated at approximately 100 million doses, approximately 13 million more doses than was produced for the 2003-04 influenza season. CDC will purchase 4.5 million doses of inactivated influenza vaccine to be held in a stockpile to ensure sufficient supply in the event of increased demand like that experienced last winter.

Based on this information, CDC recommends that influenza vaccination proceed as soon as vaccine is available. Some delay might occur for customers receiving influenza vaccine doses purchased from Chiron Corporation (Fluvirin) due to some lots not meeting specifications. The optimal time to vaccinate against influenza is October and November; those planning vaccination campaigns might consider scheduling those events after mid-October, to ensure vaccine availability.

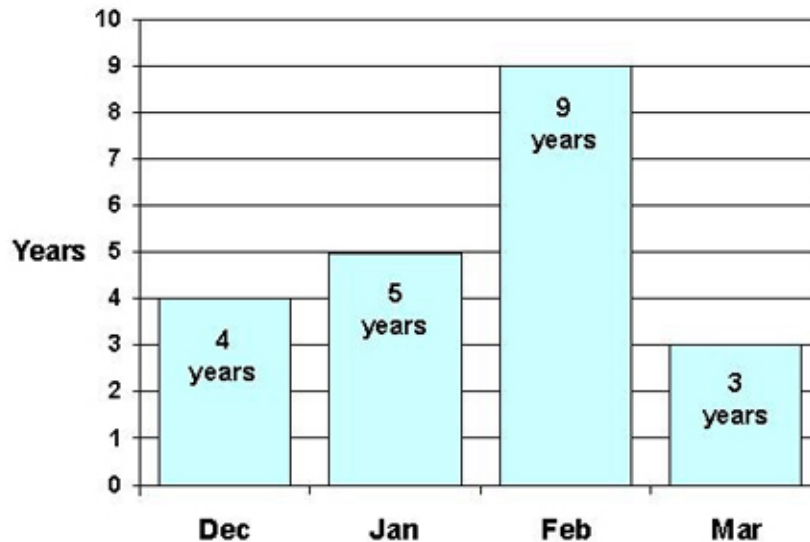
The 2004-05 trivalent vaccine virus strains are A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens. For the A/Fujian/411/2002 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Wyoming/3/2003 [H3N2] virus, and for the B/shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus.

At one time, the government recommended flu shots only for those who were 65 and older or who suffered from chronic health conditions. More recently, research and the creation of a bigger supply of flu vaccine have expanded the target population.

This winter, the CDC recommends flu shots for anyone 50 or older, all children 6 months to 23 months old, all persons who live with or care for persons at high risk (e.g., health care workers and household contacts who have frequent contact with persons at high risk), all pregnant women, and all those with chronic medical conditions. Vaccination with inactivated influenza vaccine is recommended for the following persons who are at increased risk for complications from influenza:

- Persons aged ≥ 65 years;
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions;
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]);
- Children and adolescents (aged 6 months – 18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection;
- Women who will be pregnant during the influenza season; and
- Children aged 6-23 months.

Peak Months for Flu Activity Over the past 21 years



Contact your local county health department to find out when they will begin giving flu shots this October. For additional information on influenza vaccine and/or disease surveillance contact:

Vaccine assistance – contact DHEC Immunization Division 1-800-277-4687
(1-800-27-SHOTS) <http://www.scdhec.net/hs/diseasecont/immunization/index.htm>

Influenza Disease Surveillance – contact DHEC Division of Acute Disease
Epidemiology 803-898-0861
<http://www.scdhec.net/hs/diseasecont/ACUTEDEPI/index.htm>

For additional information on influenza visit the CDC web site at
www.cdc.gov/nip/Flu.

Medical Review of North Carolina, Inc. (MRNC) is designated by the Centers for Medicare & Medicaid Services (CMS) as the Quality Improvement Organization (QIO) for North and South Carolina. MRNC operates in South Carolina under the service mark Carolina Medical Review (CMR). –www.mrnc.org

South Carolina Lung Association
<http://www.lungsc.org/>

* * *